4/25/86

Department of Health Services Exil Substances Control Division Sacramento, California

4	e print or type. Form, designed for use on sine (32 prict), type with UNIFORM LAZARDOUS 1. Generator'S WASTE MANIFEST CAD 9.8.1.15	US EPAID No	anilist ment No.	is not law	lion in the shaded areas required by Federal:
	Glendale Adventist Medical Glendale Adventist Medical Glendale Adventist Medical Glendal 509 Wilson Tenrace, Glendal Generators Phone (818), 240-8000,	e, LA 91200	ark)	8434535 B State Generators CAD 98115	io to the
	Transporter 2 Company Name Transporter 2 Company Name Transporter 2 Company Name	he and the second secon		D.) ransporter s. Pho E.State: Transporter	s 10;
	omega Recovery Services	US EPA ID NUMB		F Transporters Pho GState Facility's ID CADO 4224500	
	p2604 F. Whatther Black Whatther 2 CA-90602	GADIO:422245000A		Headity's Phone 2137698-09	1971
	NY US DOT DEscription (Including Prope) Shipping Nemes 4AZ ARDOUS WASTE L'EQUED N.O. S (Ls. Charums Basana de Conta.)		No	Iners Ford Type Quanty Film Type Quanty Type Quanty Type Ty	trii Waste No.
				110	
o L		10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
	Additional Descriptions for Materials Circad Above			KHanding Color To	Wastes Hated Above
				K-L	
į.	Second Handling Instructions and Additional Informa- DRINGER . MATTERFAL ISSUDDAY		isk FO	R RALING STA	P.K.
			E	er L	
	(6) GENERATOR'S CERTIFICATION: I hereby declete that above by proper a hipping hame and are classified, packed transport by highway according to applicable internation.	marked and labaled	un mil resp	acts in proper conditio	ped infor
	Printed/Typed Name. 5 of H.M. A. KEADER 7 Transporter 1 Acknowledgement of Receipts of Mate	Signature (. k	leader.	Month Day Year 4 2886 Date
3	Fronted/Types Haghs. IIM SATIERA 13. Transporter 2. Acknowledgement on Hacelebiok Mete	Signature of)dH	OK Di	Mgath Day Year O≤ 28 & ≤ Date
8	Printed/Typed Name 9: Discrepancy Indication: Space	Signatural ²			Moon pay Year
	C Facility Dwner or Operator Cartification of receipt of I fam 19: Printed/Typed Name	izardors materials covered	by One m	apilasi exce ptias not	ed fo Date Monter Day Year
	STEVEN SIMPSON	Atlu	11	mum	108 128 186

May 15, 1986

State of California-Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Secremento, Cellionis

Please print or type. (Form designed			- 6			9.	acramento, California			
WASTE MANIFES	WASTE MANIFEST C A D9 8 11 5 96 4 Document No. of law.					l requi	the shaded areas red by Federal			
Glendale Adve 801 So. Chevy	3. Generator's Name and Melling Address Glendale Adventist Medical Center 801 So. Chevy Chase Dr., Glendale, CA 91205 813 OFF 2171 ext 399					umber 3				
	Omega Recovery Services CADQ 4 224 50 0 1						0F009/69/698-0391			
9. Designated Facility Name and Omega Recover	7. Transporter 2 Company Name 8. USEPAID Number 9. Designated Facility Name and Site Address Omega Recovery Services 12504 E. Whittier Blvd.					F Transporter a Phone G. State Facility a ID CAD0422 4500 1				
Whittier, CA	90602 CA	D0 4 22 45	0 0 1	2 3/698 - 0991						
11. US DOT Description (Including	Proper Shipping Name, Hazard Class		No.	Туре	13. Total Quantity	14. Unit Wt/Vol	Waste No.			
(Lithium Brom	liquid, N.O.S. ORM ide)	-E NA 9189	002	DNi	A 1518	G	21.1.			
D.										
C.										
d.					1111					
J. Additional Descriptions for Mat	d	C Handling Codes for Westes Listed Above								
15. Special Handling Instructions and Additional information Customer requests prior notification of prick up. LABELS NEEDED. Auth: RBS 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to hurgan health and the environment.										
							ation certification			
Printed/Typed Name	Mathon	Signature		lhs	0-7		Month Day Year			
7 17. Transporter 1 Acknowledgement Printed Typed Name Printed Typed Name S H O 18. Transporter 2 Acknowledgement	oels Vr	Signature	ye b	Voi	relati		Month Day Year			
R T Printed/Typed Name E R	n or necept of materials	Signature					Month Day Year			
19. Discrepancy Indication Space										
Printed/Typed Name	ertification of receipt of hazardous r	Signature		1	as noted in Ite		Month Day Year			
STEUEN SIM	PSON	1 XII	lex	Jan	40 CM		05130186			

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Secremento, California

	WASTE MANIFEST C A D 9 8 1 1 5 9 6 4 3 0	0 0 0 2		of 1 le not	required	he shaded area by Federal law.		
	3. Generator's Name and Malling Address		A. State	e Manifest Décu	mont Num	100		
	GLENDALE ADVENTIST MEDICAL CENTER		8 8181123 B. State Generator's ID					
Ì	1520 E. Chevy Chase, Glendale, CA 91206 6. Generator's Phone (818) 409-8051							
	5. Transporter 1 Company Name 6. US EPA (D Number	Or .	C Stat	e Transc der's		0700		
			D. Transporter's Phone 213) 9-59-0666					
	BETTERBILT CHEMICALS, INC. C A D 9 8 1 6 8 7. Transporter 2 Company Name 8, 19 FPA ID Number			e Transporter's i		34.3-000		
9				F. Transporter's Phone				
	9. Designated Facility Name and Site Address 10. US EPA 10 Number			G. State Facility's ID				
	OMEGA RECOVERY SERVICES			CIADIOHIZIZI4ISTOOI				
ı				H. Facility's Phone				
	Whittier, CA 90602 C A D 0 4 2 2 4	2001	2	13) 698-	DAAT			
	11 US DOT Description (Including Proper Shipping Name, Hazard Class, and (I) Number)	12. Cont	ainers	13. Total Quantity	14. Unit	L. Waste		
3	a	No.	Туро		Wt/Vol	State		
						214		
3	WASTE, FLAMMABLE LIQUID N.O.S. UN1993	2012	D. M	11/1/6	G	EPA/Other		
1	b,	1012		1///	4	F005 State		
R A								
r O			,			EPA/Other		
Ŕ	c				-	State		
20						EDATON		
		1.1		1111		EPA/Other		
	d.					State		
						EPA/Other		
					1			
	J. Additional Descriptions for Materials Listed Above		K. Han	dling Codes for	Wastes L	isted Above		
	WASTE THINNER			ව	1 0.			
	WOLD HILMIN		C.		d.			
	15. Special Handling Instructions and Additional Information							
	USE GLOVES & GOGGLES							
	18							
GENERAYOR'S CERTIFICATION: Thereby declare that the contents of the consistency falls and a second decision of the contents of								
	GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and							
	national government regulations							
	If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree ! have determined to be accommonly practicable and that I have selected the practicable method of freatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if am a small quantity generator, I have made a good faith effort to minimize my wriste.							
	generation and select the best waste management method that is available to me and the		ave made	e ditai boog 3 e	tort to mi	nimizė my west		
	Printed/Typed Name Signature		4-			Month Da		
7	JOHN A READER John	- a.	مے تریکے کھے	VILL.		614121		
_	17. Transporter 1 Acknowledgement of Receipt of Materials					P 7 12		
	Printed/Typed Name Signature	1 . 3				Month Da		
	PUDITE MODDEC	di Al	Mix	7		10/4/2		
			, 40	-X-		17111-1		
	19. Transporter 2 Acknowledgement of Receipt of Materials					Month Da		
	19. Transporter 2 Acknowledgement of Receipt of Materials					1111		
	19. Transporter 2 Acknowledgement of Receipt of Materials							
	18. Transporter 2 Acknowledgement of Receipt of Materials Printed Typed Name Signature							
	18. Transporter 2 Acknowledgement of Receipt of Materials Printed Typed Name Signature							
	18. Transporter 2 Acknowledgement of Receipt of Materials Printed Typed Name Signature							
	19. Transporter 2 Acknowledgement of Receipt of Materials Printed Typed Name Signature 19. Discrepancy Indication Space 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this	manifest excep	ot as for	od in Item 19.	()			
	19. Transporter 2 Acknowledgement of Receipt of Materials Printed Typed Name Signature 19. Discrepancy Indication Space	manifest excep	of as note	od in Norm 19.		Month Da		

Please print or type. (Form designed for use on elile (12-pitch type-writer) 1. Generator's US EPA ID No. Manifest UNIFORM HAZARDOUS Information in the shaded areas Document No. is not required by Federal law. WASTE MANIFEST CIAICIOIOI0101411171918 A State Manifest Document N 3. Generator's Name and Mailing Address CLENDALE ADVANTEG MEDICAL CENTER 1509 WILSON TERPACE, GLENDALE, CA 91502 B. State Generator's ID 4. Generator's Phone (818) 409-8051 or 818/ 409-8282 C. State Transporter's IO D. Transporter's Phone 213/698 C|A|D|0|4|2|2|4|5|0|0|1 OMEGA RECOVERY SERVICES E State Transporter a ID 7. Transporter 2 Company Name F. Transporter a Phone G. State Facility's ID 9. Designated Facility Name and Site Address US EPA ID Number CIADIO 42245001 OMEGA RECOVERY SERVICES 12504 E. WHITTIER BLVD. 213/698-0991 | CA|D|0|4|2|2|4|5|0|0|1 WHITTIER, CA 90602 12. Containers 13. Total I. Weste No. 11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Quantity Unit HAZARDOUS WASTE LIQUID N O.S. EPA/Other EPA/Other State FPA/Other State EPA/Other K. Handling Codes for Wastes Listed Above J. Additional Descriptions for Materials Listed Above 15. Special Handling Instructions and Additional Information 12,1200 22100 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Printed/Typed Name -LSAAG 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Nam 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature 19. Discrepancy Indication Space A 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Month Day Year Printed/Typed Name 101211 13189 Do Not Write Below This Line

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch typewriter). Manifest 2. Page 1 1. Generator's US EPA ID No. Information in the shaded areas UNIFORM HAZARDOUS 4735 is not required by Federal law CAD, 981 159,643 WASTE MANIFEST A. State Manifest Document Number GENDALE and Mailing ANGEST MEDICAL CENTER 91206 1520 EAST CHEVY CHASE., GLENDALE, CA 409-8271 4. Generator's Phone (818 C. State Transporter's ID 6CAD 1 800 852-7650 OMEGA RECOVERY SERVICES 698-0991 D. Transporter's Phone 213 E. State Transporter's ID US EPA ID Number 7. Transporter 2 Company Namo F. Transporter's Phone G. State Facility's ID Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES US EPA ID Number 410104121215101Ci); CALL 12504 E. WHITTIER BLVD 84735 M CALIFORNIA C 042 245 001 WHITTIER, CA 90602 698-0991 213 13. Total 12. Containers 14. Unit Wasir No. Quantity 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Wt/Vol No. Туре WASTE PAINT RELATED MATERIAL, FLAMMABLE ,213 SOUTH WITHING LIQUID, (METHANOL, WOODSTAIN MIXED, MEK) 0035 F003 EVEHAT F005 1-800-424 3802; EPA/C.her State FPA/Other CENTER EPA/Other K. Handling Codes for Wastes Listed Above RESPONSE J. Additional Descriptions for Materials Listed Above 8 Ъ. A) MATERIAL FOR DISPOSAL d. C NATIONAL 15 Special Handling Instructions and Additional Information PROFILE NUMBER B11066 뿔 409-8271 818 EMERGENCY RESPONSE PHONE NUMBER CALL 16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and SPILL. national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the Lagree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, i have made a good faith effort to minimize my waste generation and effect the best waste management method that is available to me and that I can allow. RO EMERGENCY Yes Month Day Signatu Printed / Typed Name 71019H auid 17. Transporter 1 Acknowledgement of Receipt of Materials Month Day Year Signature Z Printed / Typed Name PENTON CIRINELO 10beist 9 18. Transporter 2 Acknowledgement of Receipt of Materials Year Month Day Signature Printed/Typed Name 19 Discrepancy Indication Space 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Month Day Year Signature Printed/Typed Name LOMON Do Not Write Below This Line DHS 8022 A (1/88)

- - - 1944 - - 11411111111111

EPA 8700-22 (Rev. 9-88) Previous editions are obsolete White TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To P.O. 8ox 3000, Sacramento, CA 95812

generator_name	GLENDALE ADVANTEG MEDICAL CENTER		
lc_name:	Glendale Adventist Medical Center 1403		
lc_calc_volume:	3.3184 tons		
manifest_number	manifest_quantity_ton		
84345353	0.5004 tons	-	
86534414	0.24186 tons		
88181123	0.4587 tons		
88181245	0.22935 tons	v 5 n	
88293492	1.2 tons		
88684735	0.68805 tons		